

STATEMENT OF INCAPACITY
(PARENT OR CARETAKER)

Please print or type information.

PART I – To be completed by authorized agency representative.			
Instructions In order for the child (or children) of a parent or caretaker to be eligible to receive child development services, the California Department of Education requires verification that the medical or psychiatric special needs of the parent or caretaker cannot be met without the provision of child development services.			
PARENT(S) OR CARETAKER(S) NAME		PARENT(S) OR CARETAKER(S) SIGNATURE	
The parent or caretaker listed above has authorized us to contact you for such verification. Your cooperation in answering the questions and returning this form within two weeks to the agency listed below will enable our agency to establish eligibility.			
AGENCY	AUTHORIZED AGENCY REPRESENTATIVE (Please print.)		TELEPHONE NUMBER ()
ADDRESS		CITY	ZIP CODE

PART II – To be completed by a licensed professional.								
NATURE OF INCAPACITY						PROBABLE DATES OF INCAPACITY		
						From	To	
Does the nature of the incapacity prevent the parent or caretaker from caring for the child without assistance for at least some part of the day? <input type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER OF HOURS PER DAY CHILD CARE REQUIRED.						Is hospitalization required at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Mon	Tues	Wed	Thurs	Fri	Sat		

COMMENTS (Attached a separate sheet, if necessary):

LICENSED PROFESSIONAL SIGNATURE	DATE	TELEPHONE	
LICENSE /CREDENTIAL TYPE		LICENSE /CREDENTIAL NUMBER	
ADDRESS	CITY	STATE	ZIP CODE